

PLACE
STAMP
HERE

NYSDOH/CACFP
FL 6 WEST
150 BROADWAY
ALBANY, N.Y. 12204-2719

CREDITING FOODS GUIDE

CACFP Agreement # _____ **# Requested** _____

Sponsor Administrator _____

Sponsor Name _____

Mailing Address _____

City _____

Zip Code _____